



Texas State Board of Examiners of Psychologists

Application Materials for Licensure as a Psychological Associate

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Last Updated: June 2015

01- LPA Application Form



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Official Use Only

APPLICATION FOR:
(CHECK ONE)

☐
☐
☐
☐

Provisional Licensure as a Psychologist, Rule 463.10(b)(1)
Provisional Licensure as a Psychologist, Rule 463.10(b)(2)*
Provisional Licensure as a Psychologist, Rule 463.10(c)
Psychological Associate Licensure, Rule 463.8

PLEASE PRINT OR TYPE

- A. Name _____
First Middle Last Degree
- B. E-mail address _____ SSN _____ - _____ - _____
- C. Mailing Address _____
Street or P.O. Box City State ZIP
- D. Home Telephone (_____) _____ Business Telephone (_____) _____
- E. Date of Birth _____ Place of Birth _____
mo-day-yr City County State
- F. Gender: Male _____ Female _____
- G. Have you taken the Examination for Professional Practice in Psychology? _____ If yes,
When _____ Where _____ Your Score _____
mo-day-yr
- Have you taken the Texas Board's Jurisprudence Examination? _____ If yes,
When _____ Your Score _____
mo-day-yr
- H. Indicate if you hold any of the following current credentials:
- _____ American Board of Professional Psychology (ABPP)
Date Granted: _____ Specialty: _____
- _____ Certificate of Professional Qualification in Psychology (CPQ)
Date Granted: _____
- _____ National Register Health Service Provider
Date Granted: _____

If applying under Board Rule 463.10(b)(2), please submit all supporting documentation clearly labeled for each section of the rule.

- I. If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the examination(s), please specify your condition **in writing** when submitting your application. Your request for special accommodations, facilities or procedures **must be accompanied by a physician's certification of your condition.**

- J. Degree Earned: _____
Degree Granting Institution: _____
Area of Training: _____
Title or Program: _____
Date Degree Granted: _____
month-day-year

- K. Type of Degree: (select one)
- _____ 1. Doctoral Degree in Psychology.
- _____ 2. The substantial equivalent of a doctoral degree in psychology in both subject matter and extent of training obtained prior to January 1, 1979.
- _____ 3. A degree from a country other than the United States (if so, submit documentation which satisfies the requirements of Board Rule 463.25).
- _____ 4. Master's Degree in Psychology.
- _____ 5. Master's Degree in Other than Psychology.

- L. Master's Degree Information:
1. Committee Chair or Graduate Advisor's Name _____
2. Title of Master's Thesis (if applicable): _____

- M. Doctoral Degree Information (if applicable):
1. Committee Chair/Advisor's Name _____
2. Doctoral Dissertation Committee _____

Full Name	Department	Current Address	Licensed Psychologist (Yes or No)

- N. Psychological Associate Licensure Applicants only (requirements of Rule 463.8)
1. List all courses, other than practicum and those clearly prefixed as “psychology” on your transcript, which you wish to be considered for the 27 hours of psychology required in Board Rule 463.8.

University/College	Course Prefix (e.g. Psy 301)	Descriptive Course Title	Semester Credit Hours	Instructor’s Full Name	Licensed or Provisionally Licensed Psychologist (Yes or No)

2. Indicate four hundred fifty (450) hours of practicum or experience as required in Board Rule 463.8.

a. Site and address of practicum/work experience _____

b. Dates of practicum/work experience _____ to _____
mo - day - yr mo - day - yr

c. Hours you worked per week _____

d. Indicate name and current address of supervisor(s) who will document 450 hours of supervision.

e. Was supervisor a licensed psychologist? YES _____ NO _____

f. In what state was supervisor licensed? _____

g. On what date was supervisor licensed? _____

O. Please provide a chronology of all your education, training, internships and employment since enrolling in your master's or doctoral program. If there are any gaps in the chronology, please explain. Use extra pages if necessary. (Do **NOT** send vitae or resumes.)

*	Name of Facility & Address	Dates	Supervisor's Name (if applicable)	Description of education, internship, training or employment

*Indicate if this internship or experience will be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11.

P. Other Certification, License, or Pending Application

Have you ever been certified and/or licensed as a psychologist in this or any other state/province?

If yes, please provide the following information (use extra pages if necessary):

1. Credentialed as _____
 - a. Jurisdiction where credentialed _____
Date Credentialed _____ Credential Number _____
Expiration date of current credential _____
mo - day - yr
 - b. With master's or specialist's degree _____ doctoral degree _____
 - c. Name of credentialing agency _____
 - d. Address of credentialing agency _____
Street or P.O. Box _____
City State/Province Zip
 - e. Has any complaint ever been filed against this credential? _____
 - f. If so, state nature and resolution of this complaint (Use extra pages if necessary).

2. Do you have another application for licensure with this Board currently pending?

_____ If yes, what type of application is it? _____

Q. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?

_____ If yes, please attach an explanation and supporting legal documents for each separate incident.

R. Have you ever practiced psychology without a license or exemption in the this or any other jurisdiction?

_____ If yes, please attach an explanation.

S. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?

_____ If yes, please attach an explanation.

_____ If yes, please attach an explanation.

_____ If yes, please attach an explanation.

_____ If yes, please attach an explanation.

_____ If yes, please attach an explanation and a copy of pertinent orders/decisions.

1. Employer's Name _____

City	State	Zip
------	-------	-----

3. Hours you worked per week _____ Job Title _____

4. Date employment began_____

5. Psychological Services being provided_____

6. Supervisor's Name _____

7. Supervisor's Credentials (check one) ☐ Provisionally Licensed Psychologist
☐ Licensed Psychologist
☐ Neither

8. Jurisdiction where supervisor licensed _____

9. Current title/position of supervisor _____

10. Supervisor's Address _____
Street or P.O. Box

City	State	Zip
------	-------	-----

11. Will this employment be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11?

Yes _____ No _____

Y. Are you presently providing psychological services in Texas?_____ If yes, are you:
(Please check one)

☐ Currently licensed by this Board? _____ If so, state type of license_____

☐ Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act.

If so, state name of agency_____

☐ Completing requirements for licensure as a psychologist per Board rule 463.11.

PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. ' 57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.

Signature

Date

02- LPA Checklist

Checklist for Application For Licensure as a Psychological Associate

- I. To ensure that your application for licensure as a psychological associate is processed as efficiently as possible, please submit the following to the Texas State Board of Examiners of Psychologists:
- A. Completed application form (a vita is not a satisfactory substitute). Include complete names and addresses of supervisors. Also, sign the last page of the form.
 - B. Application Fee: A fee of \$190 (non-refundable), payable to the Texas State Board of Examiners of Psychologists (T.S.B.E.P.), to cover the cost of the Board's consideration of your request for licensure.
 - C. Descriptive Information: when your degree is not from a psychology department. Such information should include course descriptions; credentials of the faculty who taught the courses, including their full names; textbooks used; and other relevant information that would enable the Board to review your education.
 - D. Three (3) acceptable reference letters. The applicant is responsible for securing his/her own reference letters from those persons identified on the application forms as references. Three original reference letters must be included with the application form sent to the Board by the applicant. Two of these references must be licensed as psychologists by the psychology licensing board in the appropriate jurisdiction. The third reference must either be licensed as a psychologist or be a professor of psychology at a college/university. Current Board members may not be used as references. Before mailing/delivering the form to the licensed psychologist, the applicant should neatly type or print the name and address of the licensed psychologist, as well as his/her own name as the applicant. Please note: One of the reference letters must verify the required 450 hours of practicum.
 - E. Official Transcript(s) for all post-baccalaureate work. The transcript(s) must be sent directly from your school(s), and must show the date the degree was conferred.
 - F. DPS/FBI fingerprint criminal history record checks. In accordance with the separate instruction sheet, obtain a Texas and national criminal record check by submitting your fingerprints to the vendor, MorphoTrust USA.

Items A, B, C, and D must be received in the Board office as a complete packet to begin processing your application. Applications not including these items will not be accepted. Items E (transcripts) and F can be received at a later time. However, do not delay in ordering these items to avoid a delay in processing your application.

II. Some information about the procedure may be helpful:

- A. All required information (Board Rule §463.8) for your application file must be in the Board's office for your file to be complete so that it can be reviewed, i.e., all reference letters, transcripts, scores, etc.. Your completion of the application is only the beginning of the process. It is your responsibility to call the Board office to determine whether all required information has been received.
- B. After your application file is complete and has been reviewed, the Board requires approximately six weeks to communicate its decision to you in writing.

III. There are two (2) items which require special attention:

- A. If you do not use this application form within the next three months, please check with the Board office to make sure information provided in this letter is still current (i.e., application form, etc.).
- B. Board Rule §463.2 states an incomplete application remains in the active file for ninety (90) days, at the end of which time, if still incomplete, it is void.

If your application is approved by the Board, we will ask you to submit the examination fees (currently \$600 for the EPPP and \$200 for the Jurisprudence Examination, payable to the Texas State Board of Examiners of Psychologists). The examination fees are not the same as the application fees. PLEASE DO NOT SEND EXAMINATION FEES WITH YOUR APPLICATION. If you have any questions, contact the Board office.

PLEASE CHECK OVER THIS ENTIRE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION TO AVOID ANY DELAYS IN THE APPLICATION PROCEDURE.

LPA Checklist – September 2014

03 – Criminal Record Instructions

Instructions to Applicants for Obtaining Fingerprint
Criminal Record Checks for Licensure

NOTE: A Texas Department of Public Safety (DPS)/FBI fingerprint criminal history record check that shows any criminal record of the applicant is valid for six (6) months only. If licensure is not obtained within six months, the applicant may be required to obtain a new DPS/FBI fingerprint criminal record check as a condition for licensure. Each type of license applied for with the Board requires a new DPS/FBI fingerprint criminal history record check unless the applicant already has one on file with the Board that is less than 18 months old and the record check on file shows that the Board did not issue an eligibility order or deny licensure to the applicant based on the applicant/licensee criminal record.

Required for Texas Applicants:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who reside in Texas are required to obtain fingerprint criminal record checks through the Fingerprint Applicant Service of Texas (FAST). This is a DPS program that provides electronic capture and submission of your fingerprints, and is the fastest and highest quality option available. Applicants should complete the Applicant Information Section of the In State Applicant FAST Fingerprint Pass provided with the application packet which is available free of charge for download on the TSBEP website. Then contact the FAST vendor, MorphoTrust USA at 1-888-467-2080 or visit <http://www.identogo.com> to schedule an appointment online at one of the 70 vendor sites in Texas. The vendor will collect the total payment of \$41.45. The vendor forwards the electronic fingerprints to DPS.

An applicant for licensure may wish to complete his or her appointment for a fingerprint check before submitting an application for licensure to the Board to avoid any possible delay in processing their licensure application caused by the Board not receiving the criminal history report.

Required for Out-of-State Applicants:

Process for Obtaining Fingerprint Criminal Record Checks

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who do not reside in Texas are required to obtain fingerprint criminal record checks for licensure.

Persons wishing to become licensed in Texas are encouraged to obtain their fingerprint criminal record check BEFORE they apply for licensure with the Board in order to avoid a delay in the processing of their license applications. The out-of-state applicant should make a request in writing to the Board to obtain the required out-of-state applicant fingerprint criminal record check packet. There is no charge for this fingerprint packet. The packet will include the

Texas State Board of Examiners of Psychologists

Criminal Record Instructions

fingerprint card to obtain the manual fingerprints, an instruction sheet about the process, an Out of State License Applicant FAST Fingerprint Pass, and an envelope addressed to the Texas vendor, MorphoTrust USA. Per the instructions, the applicant must take the fingerprint card to a law enforcement agency in the applicant's state. Be prepared to pay a fee for having your fingerprints inserted on the fingerprint card, as some agencies do charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. Please follow the directions on this form and provide all information on the form EXCEPT: Your No.; FBI No.; Armed Forces No.; Miscellaneous No.; or Reason Fingerprinted.

After your fingerprints have been taken, please return the completed fingerprint card in the envelope provided, along with the completed Out of State License Applicant FAST Fingerprint Pass, and if you choose not to pay online, a check or money order made payable to MorphoTrust USA in the amount of \$41.45, to MorphoTrust USA, Texas Cardscan Processing, 1650 Wabash Avenue, Suite D, Springfield, IL 62704. The vendor forwards your digitized manual fingerprints to DPS.

Amended June 2013

Texas State Board of Examiners of Psychologists

Criminal Record Instructions

04 – FAST Criminal Record Form



IN STATE APPLICANT AGENCY

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
 2. Select: **Texas**
 3. Select: **Online Scheduling**
 4. Select: **English or Espanol**
 5. Enter: **First and Last Name**
 6. Select: **All Others**
-
7. Select: **Option A – Electronic Submission**
 8. Select: **Yes, I have a FAST Fingerprint Pass**
 9. Enter: **TX922240Z**
 10. Select: **Applicant for License**
 11. Follow the prompts to enter requested information.
 12. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

ORI#: TX922240Z MNU: BP – Applicant Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas State Board of Examiners of Psychologists

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: _____

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____



I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____
(Please print)

E.A. Signature: _____

Revised 06/13

Updated June 2013

Texas State Board of Examiners of Psychologists

05- Jurisprudence Examination Brochure

Texas State Board of Examiners of Psychologists

JURISPRUDENCE EXAMINATION

Nature and Purpose

The Jurisprudence Examination is required of all candidates for licensure and covers the Texas Psychologists' Licensing Act, Board rules and regulations, and applicable Texas laws. Application procedures are available through the Board office or the Board's website (www.tsbep.state.tx.us).

The primary purpose of the examination is to ensure that all candidates for licensure have the necessary familiarization and knowledge of applicable laws, and rules and regulations to practice effectively in the state of Texas.

Examination Content

The content areas for the Jurisprudence Examination were identified and developed by the Board's Written Examination Committee and include the following:

- Practice Administration
- Board Composition and Procedures
- Complaint, Disciplinary, and Rehabilitation Procedures
- Licensing Requirements and Specialty Certification
- Professional Practice Rules and Guidelines
- Research Practices
- Supervision Guidelines
- Teaching

The Jurisprudence Examination will continue to be updated and modified in accordance with changes in applicable Board rules and regulations and state laws.

Resource Materials

Current resource and study materials for the Jurisprudence Examination include the following:

- Psychologists' Licensing Act
- Board Rules and Regulations
- Texas Health and Safety Code

Chapter 611 - Mental Health Records

Texas Family Code

Chapter 32 - Consent to Medical, Dental, Psychological and Surgical Treatment

Chapter 153 - Rights of Parents and Other Conservators to Consent to Treatment of Children and Access to Children's Records

Chapter 261 - Duty to Report Child Abuse and Neglect

- Texas Human Resource Code Chapter 48 - Duty to Report Abuse of Elderly or Disabled Persons

- Texas Civil Practice and Remedy Code

Chapter 81 - Duty to Report Sexual Exploitation of a Patient by a Mental Health Provider

All reference sources are necessary to adequately prepare for the examination. Although the sources listed are relevant to the practice of psychology in Texas, they should not be considered all inclusive for any purpose. In addition, please note that any statute and/or rule may be interpreted by case law and/or amended to influence its applicability as a practical resource. It is important to note that this list is not intended to serve as a substitute for legal advice nor does it constitute a guarantee of any kind to any individual. The Act and Rules may be accessed through the Board's website: www.tsbep.state.tx.us Other Texas laws and related materials may be obtained online at www.statutes.legis.state.tx.us or at a university or public library, as well as through other internet sources.

Format and Scoring

The Jurisprudence Examination is in open-book format. The exam booklet and scantron answer sheet are sent by delivery confirmation to the Board approved applicant upon receipt of the exam fee. The test must be completed and all materials returned to the Board by certified mail within two weeks as indicated by the date stamped on the test booklet.

The examination consists of approximately 100 multiple-choice items. Experimental items are included on the exam in order to ensure an adequate item pool for future exams. Accordingly, the total item count for the examination will vary from exam to exam. The minimum passing score for the exam will be 90% for PLPs and LSSPs and 80% for LPAs. The average passing rate for first time examinees of the Jurisprudence Exam in 2007 was 90%.

Examination Fees

The fee for administration of the Jurisprudence Examination is \$200. **This fee is non-refundable.**

Questions

Questions regarding the administration of the Jurisprudence Examination should be directed to the licensing staff at the Texas State Board of Examiners of Psychologists.

Members of the Board

Tim F. Branaman, Ph.D.

Chair

Dallas

Lou Ann Todd Mock, Ph.D.
Vice-Chair
Bellaire

Jeffrey M. Baker, Ph.D.
League City

Donna Lord Black, M.A.
Frisco

Jo Ann Campbell, M.S.
Abilene

Carlos R. Chacon
Houston

Angela A. Downes, J.D.
Dallas

John R. Huffman, J.D.
Southlake

Leslie D. Rosenstein, Ph.D.
Dallas

Texas State Board of Examiners
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333 Guadalupe, Tower 2, Suite 2-450
Austin, Texas 78701
(512) 305-7700 Fax (512) 305-7701

<http://www.tsbep.state.tx.us>

September 2014

06- Information on Written Examinations

Information on Written Examinations

Texas State Board of Examiners of Psychologists

The Board has two written examinations:

1. Examination for the Professional Practice in Psychology (EPPP)
2. Jurisprudence examination.

NOTE: An applicant for licensure may NOT apply for or pay for these required examinations until the applicant has received an official letter from the Board notifying the applicant that the pending application for licensure with the Board has been reviewed and the applicant has been approved to take these exams.

After the applicant has received this official letter approving the applicant to sit for the exams, the applicant may follow these directions in applying for each of the exams.

EPPP Examination:

The EPPP exam is computerized and administered by the Pro Exam. The Board-approved applicant may apply for this exam online through the Association of State and Provincial Psychology Boards' (ASPPB) website: www.asppb.net.

Provisionally Licensed Psychologist: An applicant for the EPPP at the doctoral level must submit to the Board a professional fee of \$200 made payable to TSBEP at least two weeks before applying for the EPPP on line.

Licensed Psychological Associate: An applicant for the EPPP at the master's level is not required to pay a professional fee to TSBEP.

Payment information for the EPPP is indicated in the online instructions.

After the applicant has submitted their online application and paid their EPPP fee, AND the Board has reviewed this examination application and approved it, the applicant will be sent an authorization-to-test letter by email. The emailed letter will contain the information that the applicant needs to schedule the date and location of the computerized examination through a toll-free number.

The applicant must sit for the examination within 60 days of the date on the authorization-to-test.

The Texas cut-off score for the EPPP is 350 for master's level and 500 for doctoral level.

Jurisprudence Examination:

The Jurisprudence exam is an open-book, mail-out test. When an applicant is notified by the Board of their approval to sit for the Jurisprudence exam, the applicant must submit the Jurisprudence exam fee of \$200 made payable to TSBEP and the completed Jurisprudence exam form to the Board.

Upon receipt of the Jurisprudence exam fee and Jurisprudence exam form, the Board will send the applicant the Jurisprudence exam booklet, a scantron answer sheet, and instructions regarding this

(OVER)

open-book examination by certified mail. From the date the Jurisprudence exam packet is mailed to the applicant by the Board, the applicant has three weeks to complete it. The exam scantron and all exam materials must be returned to the Board office no later than by the postmark on the front of the test booklet. Failure to return the exam packet by the postmark deadline results in failure of the exam.

The passing score on the open-book Jurisprudence exam is 90% for PLPs and LSSPs and 80% for LPAs.

Written Exam Results:

Results of the written exams will be issued monthly by letter to the applicant by the Board. Do not call the Board office to check on your exam scores until six weeks have elapsed since you sat for the EPPP or since you returned the Jurisprudence exam to the Board.

Applicants must successfully pass all examinations required of them within two years of the date they are approved to sit for each exam. Failure to do so results in termination of the application.

Fee Payments Summary:

Fee Amount:

\$200 Jurisprudence Exam Fee (for all Candidates)

\$200 EPPP Professional Fee (for Doctoral Level Candidates Only)

(Note: you may combine the payments to TSBEP of the \$200 professional fee and Jurisprudence Exam fee of \$200 into one payment if you are required to pay TSBEP both these fees.)

Payment Method:

Personal check, cashier's check, or money order

Entity to Whom Fees are Submitted:

TSBEP (made payable to)

Submission Method:

Mail to: Texas State Board of Examiners of Psychologists
333 Guadalupe, 2-450
Austin, Texas 78701

Information to be Included with Payment:

Jurisprudence Exam Form

Note: Payment information for the EPPP fee is provided on ASPPB's website.

07- Three (3) Reference Letters

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter and Documentation of Experience for Licensure as a Psychological Associate

Name and Address of Licensed Psychologist

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Current Job Position: _____

Please give date(s) of your licensure at the time that you supervised or knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. January 1, 1984 to September 15, 1985).

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

5. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No _____

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes_____ No_____
- If **NO**, please attach letter of explanation.
8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes_____ No_____
- If **YES** please attach letter of explanation.
9. If you supervised the applicant in any professional setting please respond to the following questions:
- Did the applicant receive supervision within those areas of your training, knowledge, and skill? Yes_____ No_____
 - Did the applicant have the background, training and experience appropriate to the functions performed? Yes_____ No_____
 - Was a verification of your supervision for the applicant listed on your license renewal on file in the Board's office? (If applicable)
Yes_____ No_____
 - What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date:_____ Ending Date:_____
- Month/Day/Year Month/Day/Year
- How many hours per week did the applicant work under your supervision during the above time period?

 - How many hours per week of direct (one-to-one) supervision did you provide to the applicant?

 - Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes_____ No_____
 - Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes_____ No_____

Signature of Licensed Psychologist

Date

Please return this completed form to the applicant.

LPADOCEXP – August 2006

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter and Documentation of Experience for Licensure as a Psychological Associate

Name and Address of Licensed Psychologist

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Current Job Position: _____

Please give date(s) of your licensure at the time that you supervised or knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. January 1, 1984 to September 15, 1985).

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

5. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No _____

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes_____ No_____
- If **NO**, please attach letter of explanation.
8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes_____ No_____
- If **YES** please attach letter of explanation.
9. If you supervised the applicant in any professional setting please respond to the following questions:
- a. Did the applicant receive supervision within those areas of your training, knowledge, and skill? Yes_____ No_____
- b. Did the applicant have the background, training and experience appropriate to the functions performed? Yes_____ No_____
- c. Was a verification of your supervision for the applicant listed on your license renewal on file in the Board's office? (If applicable)
- Yes_____ No_____
- d. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.
- Beginning Date:_____ Ending Date:_____
- Month/Day/Year Month/Day/Year
- e. How many hours per week did the applicant work under your supervision during the above time period?
- _____
- f. How many hours per week of direct (one-to-one) supervision did you provide to the applicant?
- _____
- g. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements?
- Yes_____ No_____
- h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes_____ No_____

Signature of Licensed Psychologist

Date

Please return this completed form to the applicant.

LPADOCEXP – August 2006

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter and Documentation of Experience for Licensure as a Psychological Associate

Name and Address of Licensed Psychologist

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): _____

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes _____ No _____

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Your Printed Name

Your Signature

Current Address: _____

Telephone: (_____) _____
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Current Job Position:_____

Please give date(s) of your licensure at the time that you supervised or knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. January 1, 1984 to September 15, 1985).

3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

5. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes_____ No_____

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes_____ No_____
- If **NO**, please attach letter of explanation.
8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes_____ No_____
- If **YES** please attach letter of explanation.
9. If you supervised the applicant in any professional setting please respond to the following questions:
- a. Did the applicant receive supervision within those areas of your training, knowledge, and skill? Yes_____ No_____
- b. Did the applicant have the background, training and experience appropriate to the functions performed? Yes_____ No_____
- c. Was a verification of your supervision for the applicant listed on your license renewal on file in the Board's office? (If applicable)
- Yes_____ No_____
- d. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.
- Beginning Date:_____ Ending Date:_____
- Month/Day/Year Month/Day/Year
- e. How many hours per week did the applicant work under your supervision during the above time period?
- _____
- f. How many hours per week of direct (one-to-one) supervision did you provide to the applicant?
- _____
- g. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes_____
- No_____
- h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes_____ No_____

Signature of Licensed Psychologist

Date

Please return this completed form to the applicant.

LPADOCEXP – August 2006

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

08- Types of Licensure

TYPES OF LICENSURE

The Texas State Board of Examiners of Psychologists issues four types of regular licenses, each of which has different requirements set by the Act and rules. **(Note: refer to the Act and rules for the complete requirements for licensure.)**

A. Licensed Psychologist (Independent Practice)

- Requires prior licensure as a Provisionally Licensed Psychologist (see below)
- Requires two (2) years of supervised experience.
- Requires a doctoral degree in psychology
- Requires the passage of the Oral Examination

B. Provisionally Licensed Psychologist (Supervision Required)

- Requires a doctoral degree in psychology
- Requires passage of the Examination for Professional Practice in Psychology at the doctoral level at 70%.
- Requires passage of the Jurisprudence Examination at 90%

C. Licensed Psychological Associate (Supervision Required)

- Requires a master's degree primarily psychological in nature
- Requires passage of the Examination for Professional Practice in Psychology at the master's level at 55%.
- Requires passage of the Jurisprudence Examination at 80%

D. Licensed Specialist in School Psychology (Independent Practice in Public Schools after one year of licensure)

- Requires the completion of a training program in school psychology approved/accredited by the American Psychological Association or the National Association of School Psychologists or a master's degree in psychology with specified course work.
- Requires passage of the National School Psychology Examination
- Requires passage of the Jurisprudence Examination at 90%

Application Packets:

The Board does not pre-evaluate applications. Therefore, a person who is interested in becoming licensed with this Board should download the application packet for the type of license that is appropriate for the person's education and training from the Board's website at www.tsbep.state.tx.us.

The current Act and Rules of the Board are available only in an online version which is available for free download on the Act and Rules page of the Board's website.

After reviewing this information and reading the pertinent Act and Rules, applicants with questions should call the Board's office.

Licensure by Reciprocity

Texas has reciprocity at the doctoral level with four states (Arkansas, Louisiana, Missouri, Nebraska) and two Canadian provinces (Manitoba and Ontario). Licensure as a psychologist by reciprocity requires a reciprocity psychologist application. An eligible applicant must have 5 years licensure as a psychologist prior to application for reciprocity.

Licensure for Military Spouses

For persons who (1) hold licensure in other states which have licensing requirements substantially equivalent to Texas licensure and (2) are spouses of active members of the armed forces, the Board offers alternative licensing requirements. Refer to Board rule 463.30.

Types of Licensure – June 2015

09- Fee Schedule



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

FEE SCHEDULE

§473.1	<u>Generally Applicable Application Fees</u> (Non-refundable)	
	Licensed Psychological Associate	\$190
	Provisionally Licensed Psychologist	\$340
	Licensed Psychologist	\$180
	Licensed Psychologist by Reciprocity	\$480
	Licensed Specialist in School Psychology	\$220
	<u>Application Fees for Applicants Receiving Credit for Verified Military Experience Under Board Rule 463.30(b)</u>	
	Licensed Psychological Associate	\$145
	Provisionally Licensed Psychologist	\$305
	Licensed Psychologist	\$155
	Licensed Specialist in School Psychology	\$185
§473.2	<u>Examination Fees</u> (Non-refundable, non-transferable)	
	Examination for the Professional Practice of Psychology	\$800*
	Jurisprudence	\$200
	Oral Examination	\$320
§473.3	<u>Annual Renewal Fees</u> (Non-refundable)	
	Licensed Psychological Associate	\$114
	Licensed Psychological Associate over the age of 70	\$ 16
	Provisionally Licensed Psychologist	\$309*
	Provisionally Licensed Psychologist over the age of 70	\$216*
	Licensed Psychologist	\$405*
	Licensed Psychologist over the age of 70	\$216*
	HSP Certification	\$ 20
	Licensed Specialist in School Psychology	\$ 57
	Licensed Specialist in School Psychology over the age of 70	\$ 14
§473.4	<u>Late Fees</u> (Non-refundable)	
	Licensed Psychological Associates, Provisionally Licensed Psychologists, Licensed Psychologists	
	-One day to ninety days	\$300
	-Ninety-one days to less than one year	\$600

Licensed Specialists in School Psychology	
-One day to ninety days	\$105
-Ninety-one days to less than one year	\$210

§473.5	<u>Miscellaneous Fees</u> (Non-refundable)	
	Duplicate or Replacement license	\$ 25
	Inactive Status (2 year period)	\$100
	Remailing of license	\$ 10
	Returned check fee	\$ 25
	Returned renewal application fee	\$ 10
	Analysis of Jurisprudence Exam	\$ 50
	Cost of destroyed, lost or stolen annual renewal permits	\$ 10
	Cost of replacement renewal notice	\$ 10

* Includes the \$200 professional fee mandated by the Seventy-second Legislature and collected by the Psychology Board for deposit in the General Revenue Fund (\$150) and the Foundation School Fund (\$50). Section 501.153 of the Psychologists' Licensing Act requires the \$200 professional fee for applicants taking the EPPP for provisional licensure as a psychologist, provisionally licensed psychologist renewal, and licensed psychologist renewal.